



## Teens Against Tobacco Use (TATU) Training Workshop Evaluation

**Date of TATU training:**

**Location:**

**Facilitator Name:**

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*Please tell us how much you agree with the following statements.*

**1. I felt comfortable participating in the training.**

- A. Definitely Agree
- B. Probably Agree
- C. Probably Not Agree
- D. Definitely Not Agree

**2. The training was well organized.**

- A. Definitely Agree
- B. Probably Agree
- C. Probably Not Agree
- D. Definitely Not Agree

**3. The facilitator was effective in leading the training.**

- A. Definitely Agree
- B. Probably Agree
- C. Probably Not Agree
- D. Definitely Not Agree

**4. This training gave me good information about tobacco issues.**

- A. Definitely Agree
- B. Probably Agree
- C. Probably Not Agree
- D. Definitely Not Agree

**5. This training met my expectations.**

- A. Definitely Agree
- B. Probably Agree
- C. Probably Not Agree
- D. Definitely Not Agree

**6. I feel prepared to present a TATU program.**

- A. Definitely Agree
- B. Probably Agree
- C. Probably Not Agree
- D. Definitely Not Agree

**7. I have specific plans or a schedule to use the information from this training.**

- A. Definitely Agree
- B. Probably Agree
- C. Probably Not Agree
- D. Definitely Not Agree

**8. Overall, my evaluation of this workshop is...**

- A. Excellent
- B. Good
- C. Fair
- D. Poor

*Please respond to the following statements. Use the back of the page if needed.*

**9. The best thing about this workshop was...**

**10. This workshop could be improved by....**

**Additional comments...**

*Thank you!*